CONGRESSMAN EMANUEL

CLEAVER, II

REQUEST FOR ASSISTANCE/PRIVACY ACT RELEASE FORM

Full Name: _____

Social Sec. Number: ____/____/____ Date of Birth: _____

Phone: Home: _____ Work: _____ Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Federal Agency Involved: _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR REQUEST FOR ASSISTANCE AND ATTACH COPIES OF PAPERWORK RELATED TO THE ISSUE:

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Pursuant to the Privacy Act of 1974, I hereby authorize the release of information contained in my records as relevant to checking my case status, and to the extent permitted by law to Congressman Emanuel Cleaver, II and his staff.

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

_____

Signature (Electronic Signatures not accepted) Date

PLEASE RETURN THIS FORM TO CONGRESSMAN EMANUEL CLEAVER, II AT:

4001 Dr. Martin Luther King Jr. Blvd,
Suite 210
Kansas City, MO 64130
(816) 842-4545 (Phone)
(816) 833-2991 (Fax)

411 W. Maple Ave, Suite F
Independence, MO 64050
(816) 833-4545 (Phone)
(816) 833-2991 (Fax)

1923 Main Street
Higginsville, MO 64037
(660) 584-7373 (Phone)
(660) 584-7227 (Fax)